Effective October 1, 2000 09/701598													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE C			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS					i n	Direct S		RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	500	OR	BASIC FEE		
TOTAL CHARGEABLE CLAIMS			// minus 20=		•			XS 9=		OR	YSAR		
INDEPENDENT CLAIMS			minus.3 =					X40=			Y00		
M	JLTIPLE DEPE	VDENT CLAIM P	RESENT .		· .	7	ı			OR	 		
If the difference in column is less than zero, enter "9" in column 2							ú			OR			
Mire neichaus are added. CLAIMS AS AMENDED - PART II								TOTAL	200	OR	TOTAL		
9	$\frac{9}{30}$ (Column 1) (Column 2) (Column 3)								ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Š	Total	- //	Minus	. 2	0	= <i>O</i>	I	X\$ 9=		OR	X\$18=		
AME	Independent	NTATION OF M	Minus	2)	= 2	,	X40≈		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							Ī	+135=		OR	+270=		
								TOTAL			TOTAL		
		(Column 1)		(Colun		(Column 3)	A	DDIT. FEE		,	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	NTATION OF MU	Minus		C/ AIA4	=	ı	X40=		OR	X80=		
۳	11101111202		Ī	+135=		OR	+270=						
TOTAL ADDIT FEE										OR	TOTAL ADDIT, FEE		
·,	(Column 1) (Column 2) (Column 3)										د د		
AMENDMENT C	tidas to controlla. Historia	CLAIMS REMAINING AFTER		HIGH NUME PREVICE	EST BER	PRESENT EXTRA	Γ	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
	Total	AMENDMENT	Manue	PAID	FOR		-		FEE			FEE	
	Independent	•	Minus Minus	•••		.:		X3 9=		OR	X\$18=		
	FIRST PRESE	l Ntation of Mu			CLAIM	└── ┤		X40≔		OR	X80=		
							ı	+135≃		OR	+270≈		
* If the entry in column it is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ** ADDIT, FEE										OR	TOTAL		
	The "Highest Num	mber Previously Pa	d For (Total o	5 SPACE I Independe	s less tha ent) is the	in 3, enter "3." highest number		_	propriate box				

FORM PTO-875 (Pev 8/00)